


I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: September 3, 2008

Signature:


(William A. Di Bianca)



Docket No.: SPINE 3.0-437 CIPCIPCIPCIPCIPCON V
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Errico et al.

Application No.: 10/784,629

Filed: February 23, 2004

For: INSTRUMENTATION FOR MANIPULATING
ARTIFICIAL INTERVERTEBRAL DISC
TRIALS HAVING ACYLINDRICAL
ENGAGEMENT SURFACE

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:
: Group Art Unit: 3733
:
: Examiner: N. W. Woodall
:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action mailed April 3, 2008,
Applicants submit the following amendments and remarks.



1FV

AMENDMENT TRANSMITTAL LETTER

Docket No.
SPINE 3.0-437 CIPCIPCIPCIPCIPCON

Application No.
10/784,629-Conf. #8400

Filing Date
February 23, 2004

Examiner
N. W. Woodall

Art Unit
3733

Applicant(s): Joseph P. Errico, Michael W. Dudasik, and Rafail Zubok

Invention: INSTRUMENTATION FOR MANIPULATING ARTIFICIAL INTERVERTEBRAL DISC TRIALS
HAVING A CYLINDRICAL ENGAGEMENT SURFACE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-1095
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


William A. Di Bianca
Attorney/Agent Reg. No.: 58,653

Dated: September 3, 2008

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